MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number: 10/580,352

Filing Date:

Applicant(s):

CLAIMS	AS FILED Indep	AS FILED Depend	AFTER FIRST AMENDMENT Indep	AFTER FIRST AMENDMENT Depend	AFTER SECOND AMENDMENT Indep	AFTER SECOND AMENDMENT Depend
1	1		1			
2		1				
3		2		1		
4		4		2		
5				1		
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49						
50						
Total Indep	1		1			
Total Depend		7		4		
Total Claims	8		5			

* May be used for additional claims or amendments

CLAIMS	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						